

## CONSENT AND RELEASE FORM ERBIUM YAG LASER TREATMENT

I, \_\_\_\_\_, authorize and consent to the treatment for the removal of superficial wrinkles and/or pigmented lesions with the Erbium YAG Laser System.

I have been advised by \_\_\_\_\_ at Dermatology of Eastern Idaho, of the purported advantages and disadvantages associated with this treatment.

I understand that treatment with this laser system varies from patient to patient and that more than one treatment may be required.

I understand that treatment is contraindicated in patients who have a compromised immune system, impaired healing (e.g. keloid scarring tendency), are currently pregnant or breast feeding, have a suspicious lesion in the treatment area and who have had any use of isotretinoin (Accutane) in the past year.

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes and trace scarring could occur.

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure.

I understand that the possible benefits are the reduction and the elimination of wrinkles and pigmented lesions.

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes.

I have been given the opportunity to ask questions and have received satisfactory answers to those questions \_\_\_\_\_(initials).

I consent to taking photographs and authorize those photographs to be used anonymously to demonstrate the results this laser produces. \_\_\_\_\_(initials)

I do not consent to photographs. \_\_\_\_\_(initials)

I hereby indemnify and hold harmless Ellman International, the treating technician and Dermatology of Eastern Idaho from any and all liability, damages, cost and expenses arising from or out of the use of the Erbium YAG Laser for the treatment of wrinkles and/or the removal of pigmented lesions. \_\_\_\_\_(initials)

With all the above information understood, I am choosing to be treated with the Erbium YAG Laser System.

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If at any time you have questions, please do not hesitate to call our office staff at 208-745-0200.